

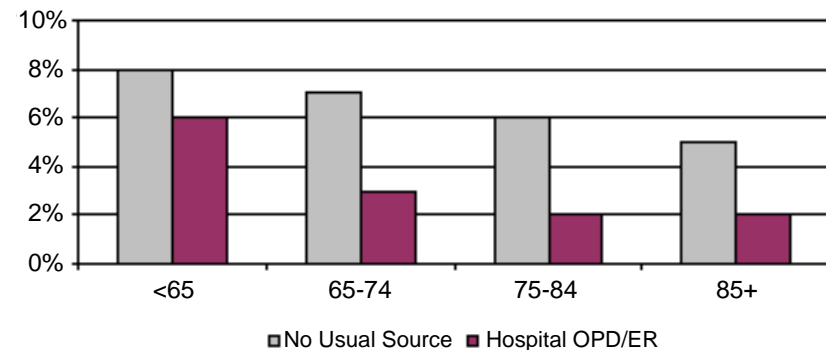
Section 5

Beneficiaries' Health Care

Beneficiary Health Care, By Age

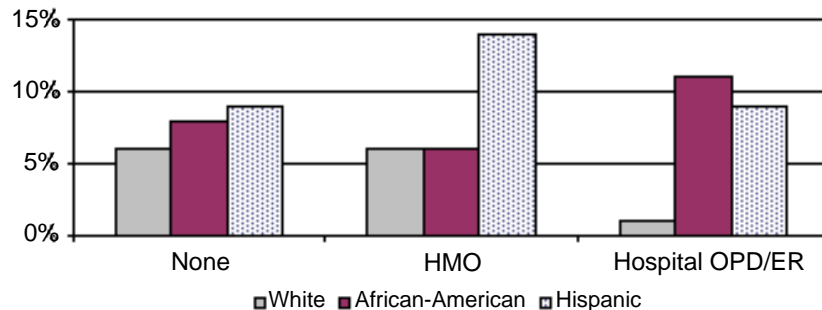
- While most beneficiaries visited a doctor's office as their usual source of care, a higher percentage of disabled beneficiaries visited the hospital outpatient department or emergency room (OPD/ER) as a usual source of care.
- While the percentages of beneficiaries reporting difficulty getting care or delayed care due to cost were small, the disabled were more likely to experience these problems than the aged.
- Disabled beneficiaries also tended to be less satisfied than the aged in the areas of cost, access to doctors, and the information provided by doctors.

Beneficiaries With No Usual Source of Care or Hospital OPD/ER as Usual Source of Care, By Age



Beneficiary Health Care, By Race and Ethnicity

Usual Source of Care, By Race and Ethnicity



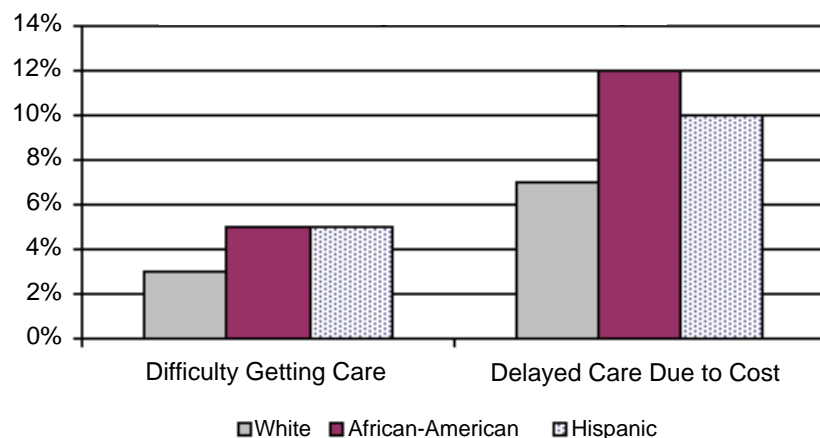
- The percentage of Hispanic and African-American beneficiaries visiting the doctor's office as their usual source of care was much smaller than for white beneficiaries. About ten percent of African-American and Hispanic beneficiaries and less than two percent of white beneficiaries reported the hospital as their usual source of care.

- Hispanic beneficiaries were more likely than white and African-American beneficiaries to report an HMO as their usual source of care.

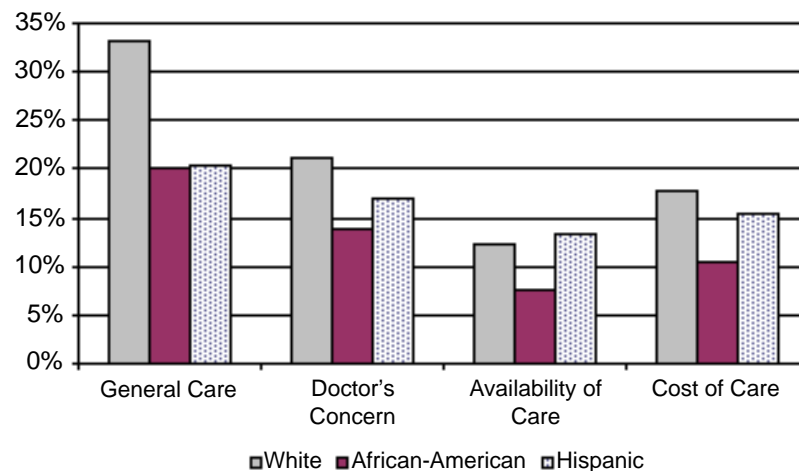
- While most beneficiaries reported they had been visiting a usual source of care for five or more years, this percentage was smaller for Hispanic and African-American beneficiaries. Hispanic beneficiaries were the most likely to have no usual source of care among all racial or ethnic groups.
- African-American and Hispanic beneficiaries were more likely to have access problems than white beneficiaries.

- White beneficiaries were more likely to report that they were “very satisfied” with their general health care, information they received from the doctor and their doctor’s concern for their health. African-American beneficiaries had the smallest percentage reporting they were “very satisfied” with these aspects of their care. Hispanic and white beneficiaries were more likely to be “very satisfied” with the availability and cost of care than African-American beneficiaries.

Difficulty Getting Care and Delayed Care Due to Cost, By Race and Ethnicity



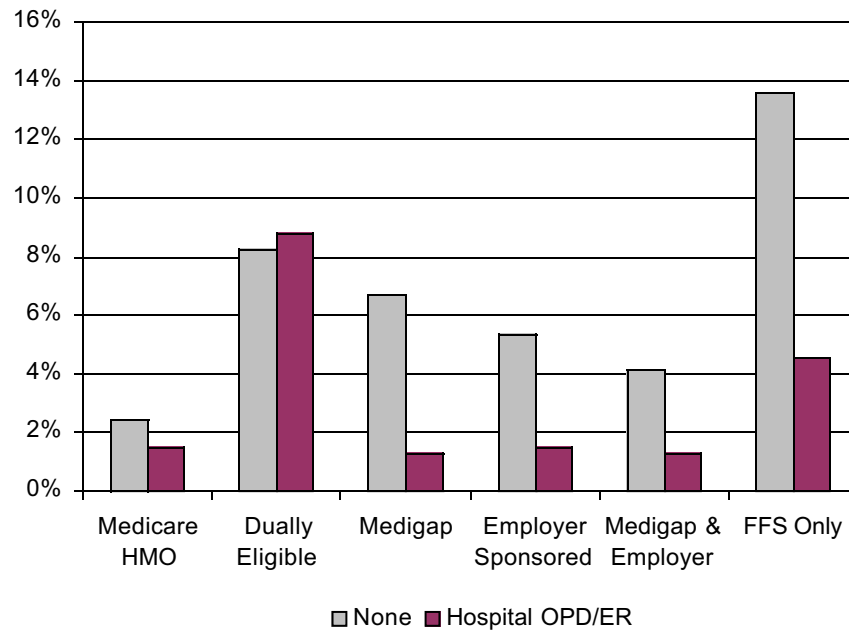
Beneficiaries Reporting They Were “Very Satisfied” With Their Care and Cost of Care, By Race and Ethnicity



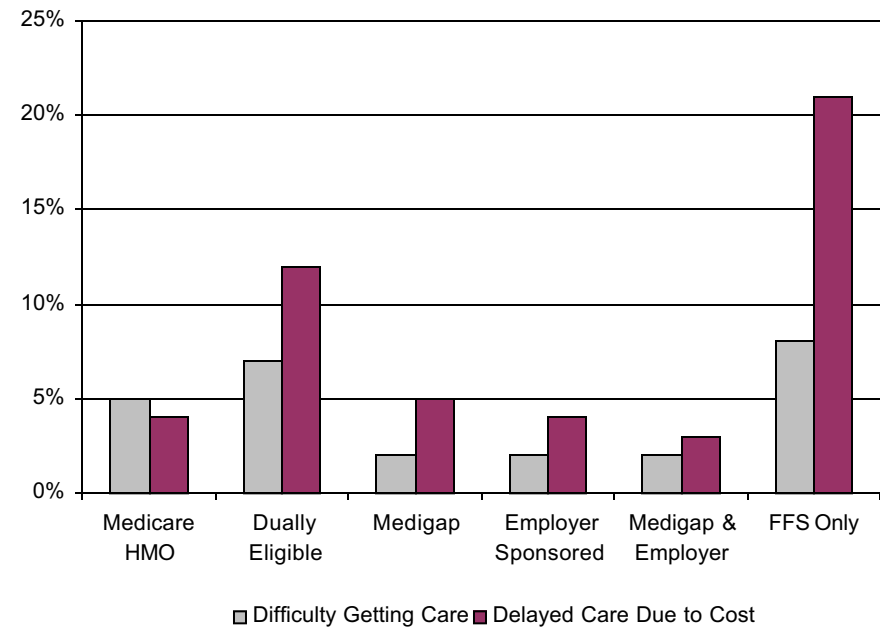
Beneficiary Health Care, By Insurance Type

- Dually eligible beneficiaries were more likely than others to use the hospital ER/OPD as their usual source of care. Beneficiaries with no supplemental insurance were more likely to report having no usual source of care. Beneficiaries with private insurance or HMO coverage were more likely to have a usual source of care and less likely to use a hospital ER/OPD as their usual source of care.
- Those with private insurance tended to have the same usual source of care for five or more years.
- Dually eligible beneficiaries and beneficiaries with no supplemental insurance were more likely to report difficulty getting care, 21 percent of beneficiaries with FFS only and 12 percent of the dually eligible reported delaying care due to cost.
- Overall, a larger percentage of beneficiaries with FFS only reported dissatisfaction with many aspects of their care. Of beneficiaries in the community 12 percent were dissatisfied with the cost of care compared to nearly one-quarter of beneficiaries with no supplemental insurance.

Beneficiaries' Usual Source of Care, By Insurance Type



Difficulty Getting Care and Delayed Care Due to Cost, By Insurance Type

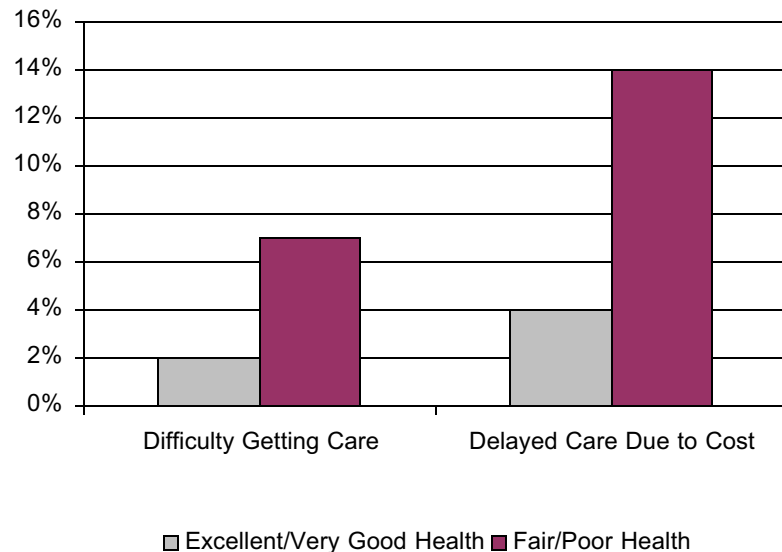


Beneficiary Health Care, By Health and Functional Status

- Healthy beneficiaries were more likely to have an HMO as their usual source of care than beneficiaries in poor health. Those in good health were also more likely to have no usual source of care than those in poor health.
- A smaller percentage of healthy beneficiaries reported difficulty getting care compared to beneficiaries in poor health. Healthy beneficiaries were also less likely than those in poor health to delay care due to cost.

- Overall, healthy beneficiaries were more satisfied with their health care. While there were significant differences in satisfaction between beneficiaries in poor and good health in the areas of general care, cost of care, and doctor's overall concern for their health, there was little difference in their satisfaction in the availability of care.

Difficulty Getting Care and Delayed Care Due to Cost, By Health Status



Beneficiaries Reporting They Were "Very Satisfied" With Their Care and Cost of Care, By Health Status

